



# **Quarterly Family Care Activity Report**

For the quarter ending  
March 31, 2002

June 2002

Department of Health and Family Services  
Office of Strategic Finance  
Center for Delivery Systems Development

## Quarterly Family Care Activity Report

For the 1<sup>st</sup> quarter, ending March 31, 2002

Family Care is an innovative long-term care program being piloted by nine counties in Wisconsin. The Governor and Legislature authorized this program in order to develop and test a comprehensive and flexible long-term care service system that will:

- Give people better choices about where they live and what kinds of services and supports they get to meet their needs;
- Improve access to services;
- Improve quality through a focus on health and social outcomes; and
- Create a cost-effective system for the future.

Family Care was designed to serve three target populations: frail elderly individuals and adults with physical or developmental disabilities. Family Care has two major organizational components:

- **Aging and Disability Resource Centers** offer information, assistance, and a limited number of services to the general public with a focus on issues affecting older people, people with disabilities, and their families. These centers provide information, advice and access to a wide variety of services. They also serve as a clearinghouse for information about long-term care for physicians, hospital discharge planners, and other professionals who work with older people or people with disabilities. Services are provided through the telephone or in visits to individuals' homes.

Aging and disability resource centers began operating in early 1998. Currently resource centers are operational in nine counties: Fond du Lac, La Crosse, Milwaukee (serving the elderly population only), Portage, Richland, Marathon, Trempealeau, and Jackson. Two resource centers serve Kenosha County—one for individuals with developmental disabilities, and one for elderly individuals and individuals with physical disabilities.

- **Care Management Organizations (CMOs)** manage and deliver a wide variety of covered long-term care services, known as the Family Care benefit, for financially eligible elderly individuals and adults with disabilities. The Family Care benefit combines funding and services from a variety of existing programs into one flexible package of long-term care services, tailored to each individual's needs, circumstances and preferences. CMOs develop and manage a comprehensive set of long-term care services and support, either by providing the service with CMO staff or by purchasing the service from other providers. Each CMO receives a flat monthly payment for each member enrolled in the CMO, who may be living at home, in a group living situation, or in a nursing facility.

Care management organization (CMO) sites began operating in 2000. Currently, five CMOs are operational in five counties: Fond du Lac, La Crosse, Milwaukee (serving the elderly population only), Portage, and Richland.

### **Resource Center Information and Assistance**

Individuals who need information and assistance related to long-term care services get in touch with resource centers in several ways. Some individuals are referred to the resource center by facilities that provide residential long-term care, which are required by law to inform the resource centers of individuals who are seeking admission. These referrals are known as pre-admission consultation (PAC) referrals. Individuals also contact the resource centers in response to outreach activities that publicize resource center services among Family Care's target populations.

**Table 1** presents the number of PAC referrals received by each resource center during the four most recently completed quarters. The large increase in the 1<sup>st</sup> quarter of 2002 is due to DHFS efforts to enforce PAC referral requirements among residential facilities. **Table 2** presents the source of the PAC referrals by facility type.

Table 1  
**Pre-Admission Consultation Referrals Received**  
Most recent four quarters

Resource Center	April - June 2001	July - September 2001	October - December 2001	January - March 2002	Total
<b>Counties without CMOs</b>					
Jackson	39	20	24	69	<b>152</b>
Kenosha Aging & PD	157	120	107	263	<b>647</b>
Kenosha DD	0	0	0	1	<b>1</b>
Marathon	54	54	83	137	<b>328</b>
Trempealeau	5	7	3	20	<b>35</b>
<b>Counties with CMOs</b>					
Fond du Lac	37	63	93	147	<b>340</b>
La Crosse	196	234	239	234	<b>903</b>
Milwaukee	528	450	527	1,223	<b>2,728</b>
Portage	42	70	68	109	<b>289</b>
Richland	24	39	52	49	<b>164</b>
<b>Total</b>	<b>1,082</b>	<b>1,057</b>	<b>1,196</b>	<b>2,252</b>	<b>5,587</b>

Table 2  
**Source of Pre-Admission Consultation Referrals**  
 Most recent four quarters

Facility Type	April - June 2001	July - September 2001	October - December 2001	January - March 2002	Total
Nursing Home	786	811	889	1,891	<b>4,377</b>
Community Based Residential Facilities	156	172	228	213	<b>769</b>
Residential Care Apartment Complex	139	74	79	148	<b>440</b>
Adult Family Home	1	0	0	0	<b>1</b>
<b>Total</b>	<b>1,082</b>	<b>1,057</b>	<b>1,196</b>	<b>2,252</b>	<b>5,587</b>

**Table 3** presents the number of information and assistance contacts for each resource center for the four most recently completed quarters. The number of contacts is only an approximation of the number of individuals who received information and assistance from the resource centers; one person may have made more than one contact during this period, while other single contacts assisted more than one person. A contact is defined as an exchange between a person seeking assistance or information and a resource center staff person trained to provide that assistance.

Table 3  
**Resource Center Contacts for Information and Assistance**  
 Most recent four quarters

Resource Centers	April - June 2001	July - September 2001	October - December 2001	January - March 2002	Total
<b>Counties without CMOs</b>					
Jackson	159	156	161	183	<b>659</b>
Kenosha Aging & PD	1,538	1,416	1,413	1,283	<b>5,650</b>
Kenosha DD	149	208	205	209	<b>771</b>
Marathon	724	761	743	707	<b>2,935</b>
Trempealeau	288	306	313	337	<b>1,244</b>
<b>Counties with CMOs</b>					
Fond du Lac	933	1,066	819	925	<b>3,743</b>
La Crosse	1,148	1,291	1,105	1,058	<b>4,602</b>
Milwaukee	9,813	9,150	10,248	11,868	<b>41,079</b>
Portage	1,835	1,728	2,098	1,870	<b>7,531</b>
Richland	158	213	207	349	<b>927</b>
<b>Total</b>	<b>16,745</b>	<b>16,295</b>	<b>17,312</b>	<b>18,789</b>	<b>69,141</b>

**Table 4** presents information about the types of information and assistance that people requested from the resource centers during the most recent quarter. The number of issues for which people sought help differs from the number of contacts reported in Table 3, because many contacts include requests for information or assistance with several issues. The categories have been defined as:

- **Basic needs and financial related services:** Contacts seeking information or assistance related to issues such as benefits, Medical Assistance, health insurance, money problems, paying for food, shelter (other than residential long-term care), heating or air-conditioning or phone service, evictions, problems paying bills, or paying for medical care or drugs.
- **Disability and long-term care related services:** Contacts seeking information or assistance related to services such as home support, care management, respite, equipment and training, transition planning, independent living skills, and hospice services.
- **Long-term care related living arrangements:** Contacts seeking information or assistance related to consideration of permanent moves or temporary arrangements that are being contemplated because of a health, disability or frailty; home modifications or special living arrangements.
- **Health:** Contacts seeking information or assistance related to issues such as declining health, recuperative care, diseases, conditions, dementia, health, health promotion or medical care, or health equipment loaning.
- **Transportation:** Contacts seeking information or assistance related to arrangements and information on transportation issues and program information.
- **Paying for disability and long-term care related services:** Contacts seeking information or assistance related to paying for long-term care services, including issues such as the ability to afford services and questions related to financial eligibility for a variety of long-term care programs.
- **Nutrition:** Contacts seeking information or assistance related to services such as congregate or home-delivered meals, or nutrition counseling (i.e., diabetic or renal diet issues).
- **Home maintenance:** Contacts seeking information or assistance related to issues such as chores, housecleaning, yard work, general home repairs, and home safety, other than home modifications needed to address a disability.
- **Legal:** Contacts seeking information or assistance related to tax law, power of attorney, guardianship, consumer rights, advocacy, discrimination, or complaints.

- **Life enhancement:** Contacts seeking information or assistance related to recreation, education that is not job related, social programs, or volunteerism.
- **Adult Protective Services (APS):** Contacts seeking information or assistance related to, or reports of, abuse, neglect, self neglect, domestic violence.
- **Behavioral health:** Contacts seeking information or assistance related to issues such as mental health, substance abuse, concerns and treatments, depression, grief counseling.
- **Employment and training:** Contacts seeking information or assistance related to vocational rehabilitation, work, jobs, or training.

Table 4  
**Issues Presented by Resource Center Contacts**  
 January through March 2002

Focus of Inquiry	Number of Requests	Percentage
Basic Needs & Financial Related Services	7,217	27.8 %
Disability & LTC Related Services	4,423	17.0 %
LTC Related Living Arrangements	3,839	14.8 %
Health Services	2,062	7.9 %
Transportation Services	1,845	7.1 %
Paying for Disability & LTC Services	1,611	6.2 %
Nutrition Services	1,350	5.2 %
Legal Services	908	3.5 %
Home Maintenance Services	807	3.1 %
Life Enhancement	689	2.7 %
Adult Protective Services (APS)	626	2.4 %
Behavioral Health Services	319	1.2 %
Employment and Training Services	300	1.2 %
<b>Total</b>	<b>25,996</b>	<b>100.0%</b>

**Table 5** presents information on the outcomes of contacts that were accomplished during the most recently completed quarter. The number of outcomes will not necessarily equal the number of contacts shown on Table 3 or the number of issues raised shown in Table 4, for several reasons. One referral might resolve several issues, or one issue might require more than one referral. In addition, a contact that was initiated near the end of one quarter might not reach an outcome until after the beginning of the next.

Referrals are distinguished from giving people information, in that the resource center refers the caller to other services or resources, or is actively involved in obtaining a service or resource for a caller. The categories of outcomes have been defined as:

- **Information about long-term care services or resources:** Contact involves long-term care related information regarding services, resources, etc.
- **Information about other services or resources:** Contact involves other services, resources and/or other information.
- **Referral to Functional Screen:** This should include all referrals for a Functional Screen, which may include resource center-based long-term care options counseling.
- **Referral to private long-term care services:** This would include formal referrals to non-county agencies on behalf of private pay individuals.
- **Referral to public funding for programs such as Medicare, Medicaid, Food Stamps, Social Security:** Includes referrals made to link people to government benefits, such as to an Economic Support Unit/Worker, Benefit Specialist and Social Security Administration.
- **Referral to Adult Protective Services (APS):** Any referral to the County APS staff and/or elder abuse workers for elder abuse, financial abuse, self-neglect, placements, etc.
- **Referral to emergency services:** This would include services/actions to be delivered within 24 hours. It would include emergency food delivery, shelter, or emergency respite care or other immediate intervention.
- **Referral to services/resources other than emergency APS or LTC:** This category covers all other referrals.
- **Needs brief or short term services, follow-along or service coordination:** The use of this category will depend on the resource center. If the I&A worker sends all in-house referrals to either a long-term care unit or a distinct “access” unit, he or she may not know whether a contact requires brief services, and he or she would not be in the position of “following” contacts.

- **Noted for follow-up contact:** The I&A worker is providing information only, and making no referrals, *but* keeps a record of the contact in order to follow-up to make sure that the caller is okay, and/or to determine if the information was acted upon.

Table 5  
**Outcomes of Information & Assistance Contacts**  
 January through March 2002

Outcomes of Contacts	Number	Percentage
Information about Long-Term Care Services or Resources	8,716	38.1 %
Referral to Services or Resources Other than Emergency, APS, LTC	5,233	22.9 %
Referral for Long-Term Care Functional Screen	2,623	11.5 %
Information about Other Services or Resources	2,051	9.0 %
Needs Brief or Short-Term Services or Service Coordination	1,935	8.5 %
Referral to Publicly Funded Services*	1,006	4.4 %
Needs follow-up contact from RC	617	2.7 %
Referral to Adult Protective Services (APS)	436	1.9 %
Referral to Private LTC Services	199	0.9 %
Referral to Emergency Services	40	0.2 %
<b>Total</b>	<b>22,856</b>	<b>100.0 %</b>

\* For programs such as Medicare, Medicaid, Food Stamps, Social Security

### **Long-Term Care Functional Screen**

The Long-Term Care Functional Screen is an assessment tool that identifies the long-term care needs of an individual and is used to establish eligibility for certain programs, including the Family Care benefit.

Functional screens are provided to individuals for one of three reasons:

- They are not currently Family Care members, but are seeking assessment of their long-term care needs for the purposes of considering their options (initial screens);
- They are CMO members whose functional needs are being reassessed for annual eligibility recertification; or
- They are CMO members who have recently experienced a change in condition, and need to have their needs reassessed.

Only resource centers administer initial screens (except as described in the footnote below); CMOs may administer annual and change-in-condition screens for their members.

**Table 6** presents the number of *initial* functional screens completed during the most recent quarter. Not all of these individuals will seek enrollment in Family Care or publicly funded long-term care; in fact, many

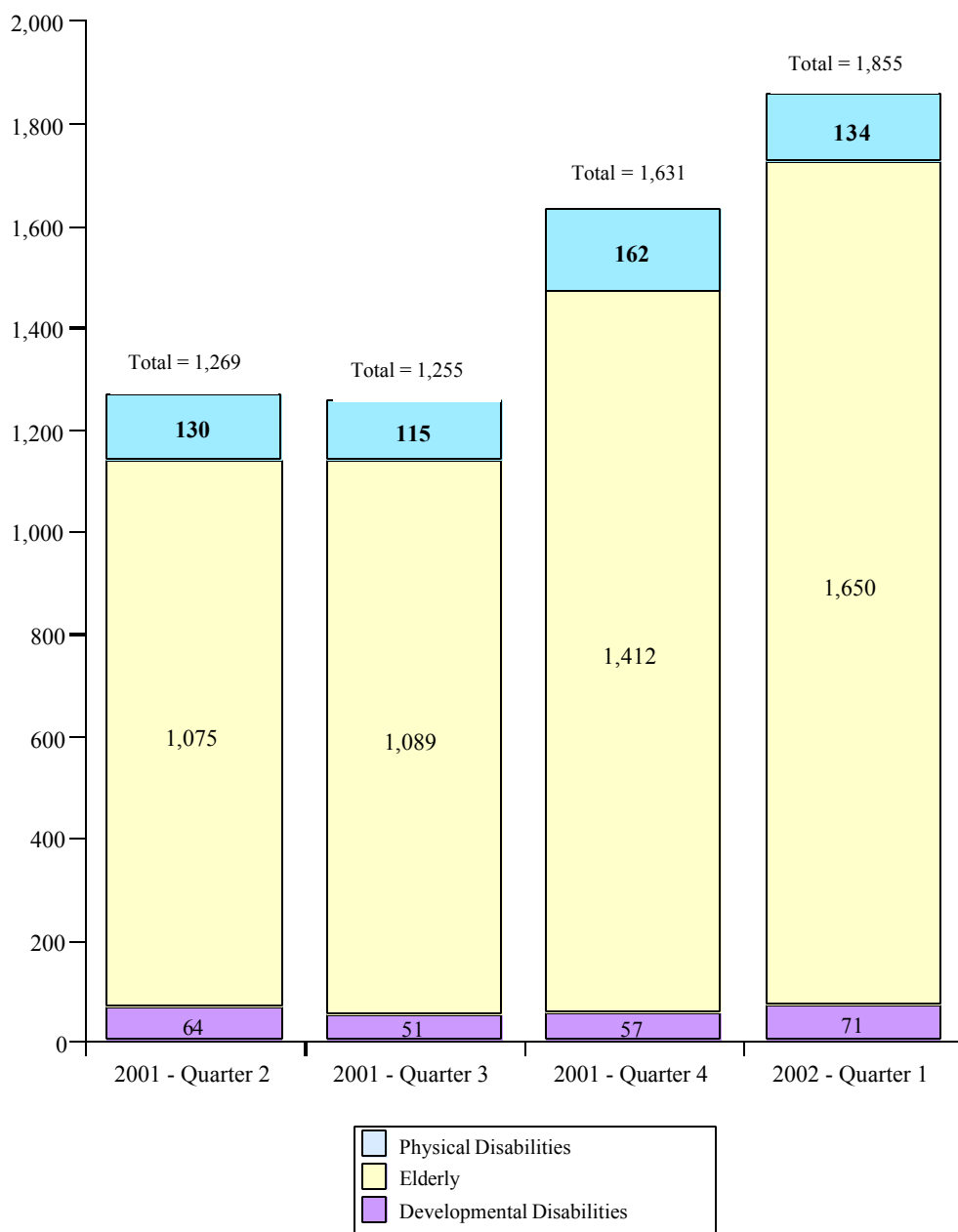
are not eligible. However, the figures provide an indication of the number of adults, by target group, who are actively exploring their long-term care needs with the help of the nine resource centers. **Figure 1** provides a graphic representation of this information for the most recent four quarters. The big increase from the 3<sup>rd</sup> to the 4<sup>th</sup> quarters of 2001 and continuing into 1<sup>st</sup> quarter of 2002 largely reflects Milwaukee County's efforts to finish enrolling the waiver rollover and wait-list populations, plus improved economic support processing.

Table 6  
**Initial Long-Term Care Functional Screens Completed, by Target Group**  
 January through March 2002

	<b>Elderly</b>	<b>Developmental Disabilities</b>	<b>Physical Disabilities</b>	<b>Total</b>
<b>Counties without CMOs</b>				
Jackson	20	13	7	<b>40</b>
Kenosha Aging & PD	37	1	23	<b>61</b>
Kenosha DD	0	7	0	<b>7</b>
Marathon	49	0	1	<b>50</b>
Trempealeau	8	0	2	<b>10</b>
<b>Counties with CMOs</b>				
Fond du Lac	58	16	18	<b>92</b>
La Crosse	91	16	42	<b>149</b>
Milwaukee	1,328	1	8	<b>1,337</b>
Portage	42	7	19	<b>68</b>
Richland	17	10	14	<b>41</b>
<b>Total</b>	<b>1,650</b>	<b>71</b>	<b>134</b>	<b>1,855</b>

\* Although CMOs will not normally administer initial screens, the Milwaukee CMO is doing so until all local waiver and wait-list recipients who desire Family Care are transferred to the CMO.

Figure 1  
Initial Long-Term Care Functional Screens by Target Group  
Most recent four quarters

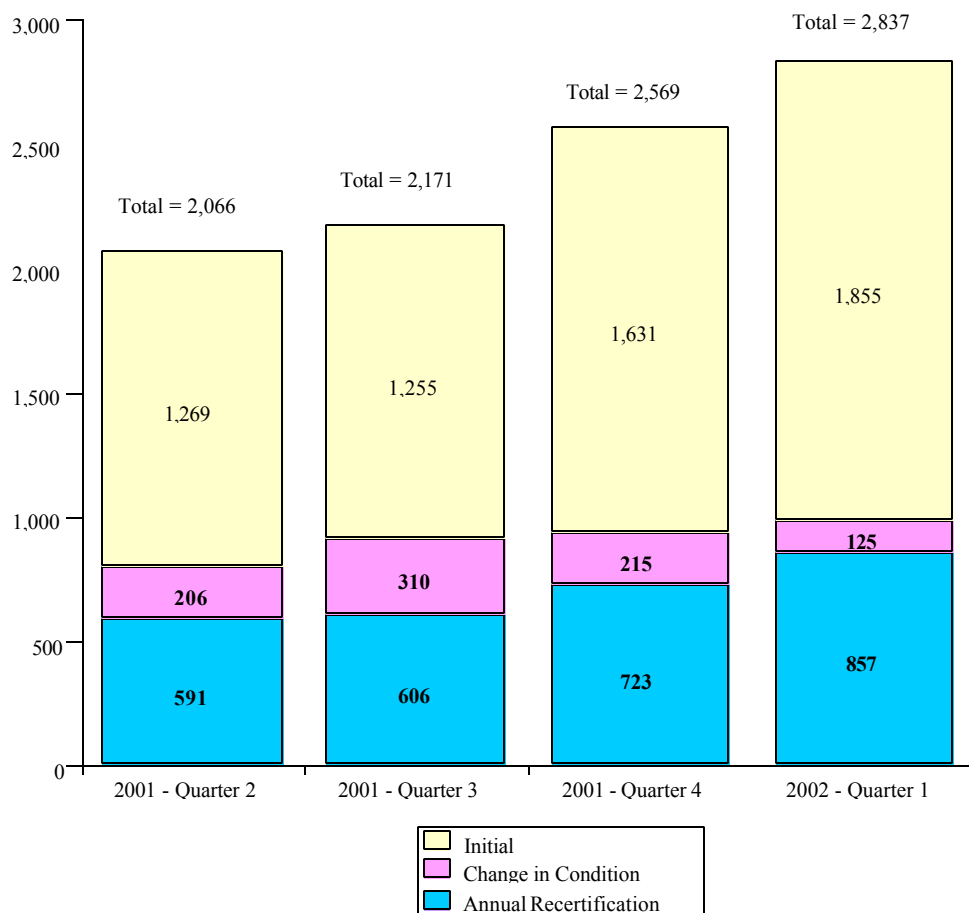


**Table 7** presents the total number of long-term care functional screens, of any type, that were completed using the most recent quarter. **Figure 2** provides a graphic representation of this information for the most recent four quarters.

Table 7  
**Long-Term Care Functional Screens Completed  
 By Target Group and Type of Screen**  
 January through March 2002

Type of Screen	Elderly	Developmental Disabilities	Physical Disabilities	Total
<b>Initial</b>	1,650	71	134	<b>1,855</b>
<b>Change in Condition</b>	115	0	10	<b>125</b>
<b>Annual Recertification</b>	569	211	77	<b>857</b>
<b>Total</b>	<b>2,334</b>	<b>282</b>	<b>221</b>	<b>2,837</b>

Figure 2  
**Long-Term Care Functional Screens Completed By Type of Screen**  
 Most recent four quarters



**Enrollment in Family Care CMOs**

**Tables 8, 9, and 10** present enrollment as of March 31, 2002, by target group, level of care and Medicaid status. These figures include all members whose eligibility for the Family Care benefit had been determined and recorded as of May 28, 2002. Enrollment procedures for additional individuals are underway. Some of the enrollments that are currently in progress will be recorded retroactively (that is, an enrollment may be recorded in June 2002, retroactively effective as of March 2002.) As a result, enrollment figures for the most recent months *do not yet represent the total enrollment* that will be achieved after all in-process enrollments are completed. **Figure 3** shows the CMO enrollment trend for each of the CMO counties over the most recent four quarters.

Table 8  
**Total CMO Enrollment by Target Group**  
 March 31, 2002

<b>CMO Counties</b>	<b>Elderly</b>	<b>Developmental Disabilities</b>	<b>Physical Disabilities</b>	<b>Target Group Not Recorded*</b>	<b>Total</b>
Fond du Lac	410	288	98	1	<b>797</b>
La Crosse	435	332	290	3	<b>1,060</b>
Milwaukee	2,858	3	16	12	<b>2,889</b>
Portage	240	176	97	0	<b>513</b>
Richland	107	79	40	0	<b>226</b>
<b>Total</b>	<b>4,050</b>	<b>878</b>	<b>541</b>	<b>16</b>	<b>5,485</b>

\* CMO members whose enrollment records on MMIS cannot yet be matched with Target Group data from the Functional Screen, largely because of different MEDS data load schedules.

**Tables 9 and 10** present Family Care enrollment by level of care and by Medicaid status. Payment is provided to the CMOs on the basis of each member's level of care, either comprehensive or intermediate. A few members are 'grandfathered,' that is, do not meet functional eligibility criteria, but are enrolled on the basis of previous enrollment in related programs. The comprehensive level includes people who are functionally eligible for nursing home care under Medicaid requirements. The intermediate level includes people who need help with only one or a few daily activities and therefore are not eligible for nursing home care, but who are otherwise eligible for Medicaid or are in need of adult protective services. CMOs receive a higher monthly payment for comprehensive enrollees, which includes both federal and state funding, and a lower monthly payment for intermediate enrollees, which is funded entirely by the State. The comprehensive level includes a few people who are not functionally eligible for nursing home care, but who have very high needs for assistance. For these people, DHFS pays the CMO the higher monthly rate, but with no federal match funding unless the person has regular Medicaid.

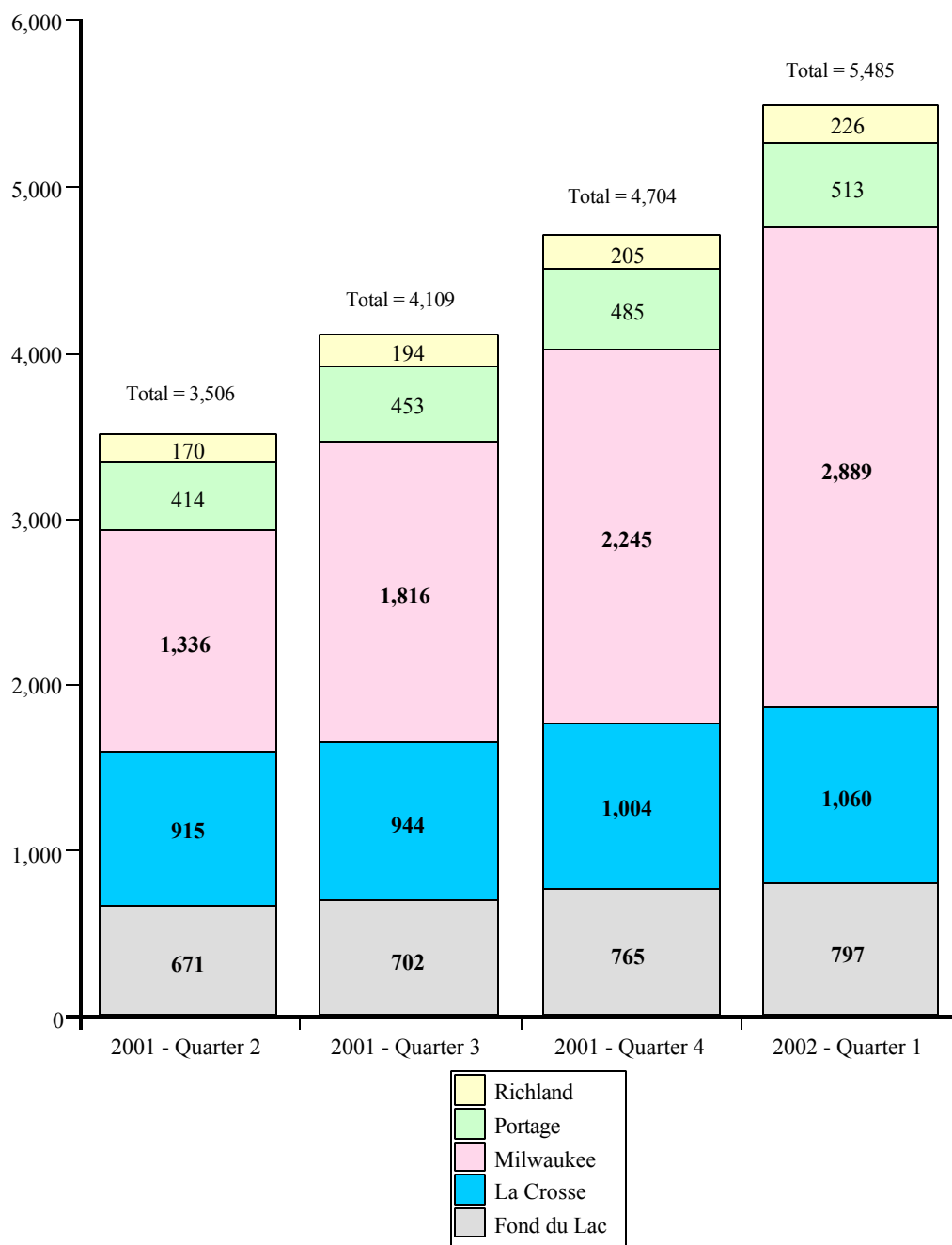
Table 9  
**CMO Enrollment by Level of Care**  
 March 31, 2002

<b>CMO Counties</b>	<b>Comprehensive</b>	<b>Intermediate</b>	<b>Grandfathered</b>	<b>Total</b>
Fond du Lac	789	8	0	<b>797</b>
La Crosse	1,029	27	4	<b>1,060</b>
Milwaukee	2,882	7	0	<b>2,889</b>
Portage	486	27	0	<b>513</b>
Richland	221	5	0	<b>226</b>
<b>Total</b>	<b>5,407</b>	<b>74</b>	<b>4</b>	<b>5,485</b>

Table 10  
**CMO Enrollment by Medicaid Status**  
 March 31, 2002

<b>CMO Counties</b>	<b>MA Eligible</b>	<b>Non-MA Eligible</b>	<b>Total</b>
Fond du Lac	790	7	<b>797</b>
La Crosse	1,026	34	<b>1,060</b>
Milwaukee	2,800	89	<b>2,889</b>
Portage	489	24	<b>513</b>
Richland	217	9	<b>226</b>
<b>Total</b>	<b>5,322</b>	<b>163</b>	<b>5,485</b>

Figure 3  
**CMO Enrollment**  
 Enrollment Reached at the End of Each Quarter  
 Most recent four quarters



**Table 11** presents cumulative disenrollments from Family Care CMOs through March 31, 2002, by cause of disenrollment, as recorded as of May 28, 2002. As with enrollments, disenrollments may take several months to process. A small number of members with recent, temporary loss of MA eligibility may ultimately not lose any continuity of CMO services, but this is a small, short-term exception to disenrollments caused by lost eligibility.

Table 11  
**CMO Disenrollments**  
 Cumulative through March 31, 2002

<b>CMO Counties</b>	<b>Deceased</b>	<b>Lost Eligibility</b>	<b>Voluntary Disenrollment</b>	<b>Total</b>
Fond du Lac	102	6	45	<b>153</b>
La Crosse	135	31	41	<b>207</b>
Milwaukee	244	43	88	<b>375</b>
Portage	79	6	27	<b>112</b>
Richland	19	1	3	<b>23</b>
<b>Total</b>	<b>579</b>	<b>87</b>	<b>204</b>	<b>870</b>